

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES  
 LAW ENFORCEMENT DIVISION  
 P.O. BOX 98000  
 BATON ROUGE, LA 70898-9000



VESSEL REGISTRATION # \_\_\_\_\_

Rev. 09/10

## OPERATOR BOATING INCIDENT REPORT

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Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

### COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR				NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator			
LAST :		STREET 1 :		LAST :		STREET 1 :	
FIRST :		STREET 2 :		FIRST :		STREET 2 :	
MI. :		CITY :		MI. :		CITY :	
PHONE NO. :		STATE/ZIP :		PHONE NO. :		STATE/ZIP :	
OPERATOR AGE AND DATE OF BIRTH _____ yrs.				RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS ON BOARD _____	
OPERATOR'S EXPERIENCE THIS TYPE OF BOAT <input type="checkbox"/> Under 20 <input type="checkbox"/> 20-100 <input type="checkbox"/> 100-500 <input type="checkbox"/> Over 500 <input type="checkbox"/> None OTHER BOAT OPERATING EXP <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> American Red Cross <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> Other			
BOAT REGIST. NO.		BOAT NAME		MANUFACTURER		BOAT MODEL	
						MFR. HULL IDENTIFICATION NO.	
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Personal Water Craft <input type="checkbox"/> Airboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Other		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Other		ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet-drive <input type="checkbox"/> Air thrust <input type="checkbox"/> Other TYPE OF FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Other <input type="checkbox"/> Diesel		PROPULSION No. of engines _____ ENGINE 1 Mfg. _____ Horsepower _____ Serial No. _____ ENGINE 2 Mfg. _____ Horsepower _____ Serial No. _____	
				CONSTRUCTION Length ft _____ Width ft _____ Year Built _____ Depth ft _____ STEERING <input type="checkbox"/> Remote <input type="checkbox"/> Other <input type="checkbox"/> Hand tiller		HAS BOAT HAD A SAFETY EXAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Kind? <input type="checkbox"/> USPS / USCG Auxiliary Inspection <input type="checkbox"/> State/local Examination <input type="checkbox"/> Other	

### INCIDENT DATA

DATE OF INCIDENT		DAY OF WEEK		TIME OF INCIDENT		NAME OF BODY OF WATER		LOCATION (give precisely) Lat: _____ Long: _____					
STATE <b>LOUISIANA</b>		NEAREST CITY OR TOWN				PARISH		PARISH CODE					
WEATHER (check all applicable) <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy		WATER CONDITIONS <input type="checkbox"/> Calm (less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current		TEMPERATURE Air ____ deg F Water ____ deg F DEPTH ____ ft		WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)		VISIBILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
TIME OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night		PERSONAL FLOTATION DEVICES (PFD'S) Was the boat adequately equipped with USCG APPROVED personal flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type and How Many? <input type="checkbox"/> Type I (#) _____ <input type="checkbox"/> Type II (#) _____ <input type="checkbox"/> Type III (#) _____ <input type="checkbox"/> Type IV (#) _____				Were PFDs properly: Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the vessel carrying NON-APPROVED life saving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate kind: _____		IGNITION AND THROTTLE Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off Engine equipped with Kill Switch? <input type="checkbox"/> Yes <input type="checkbox"/> No Kill switch used? <input type="checkbox"/> Yes <input type="checkbox"/> No Throttle position <input type="checkbox"/> Forward <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse <input type="checkbox"/> Unknown		FIRE EXTINGUISHERS WERE THEY USED? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Types: _____	

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## INCIDENT DATA CONTINUED

OPERATION AT TIME OF INCIDENT (Check all applicable)	TYPE OF INCIDENT (Number by order of occurrence)	WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance; primary-1, secondary-2, tertiary-3)			
<input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other	<input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/ Swimming <input type="checkbox"/> Being Towed	<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (fuel) <input type="checkbox"/> Fire or Explosion (other than fuel) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck submerged object	<input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit By Boat or Propeller <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol use <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Rules of the Road <input type="checkbox"/> Specify #(s) _____ <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Force of Wake/Wave <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Ignition Spilled Fuel/Vapor <input type="checkbox"/> Missing/Inadequate ATONS <input type="checkbox"/> Unknown	<input type="checkbox"/> Drug use <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Standing/Sitting on Gunwales, bows, & transom <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Off Throttle Steering Loss <input type="checkbox"/> Careless/Reckless Operation <input type="checkbox"/> Improper/No Running Lights <input type="checkbox"/> Other _____

## INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency _____ Policy Number _____	
ESTIMATED AMOUNT OF DAMAGE This Boat \$ _____ Other Property \$ _____	DESCRIPTION OF DAMAGE TO THIS VESSEL
DESCRIPTION OF OTHER PROPERTY DAMAGED	NAME/ADDRESS OF OWNER  PHONE # ( ) _____

## PASSENGERS

NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO	

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**OTHER VESSEL**

Name of Operator	Address	Boat Number
Telephone Number (      )		Boat Name
Name of Owner	Address	

**OTHER WITNESSES**

Name	Address	Telephone Number (      )
Name	Address	Telephone Number (      )
Name	Address	Telephone Number (      )

**PERSON COMPLETING REPORT**

SIGNATURE	ADDRESS	Telephone Number (      )
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE-----

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<b>DIAGRAM OF INCIDENT</b>
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DETAILED DESCRIPTION OF INCIDENT

Area for detailed description of incident, consisting of multiple horizontal lines for text entry.

NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
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